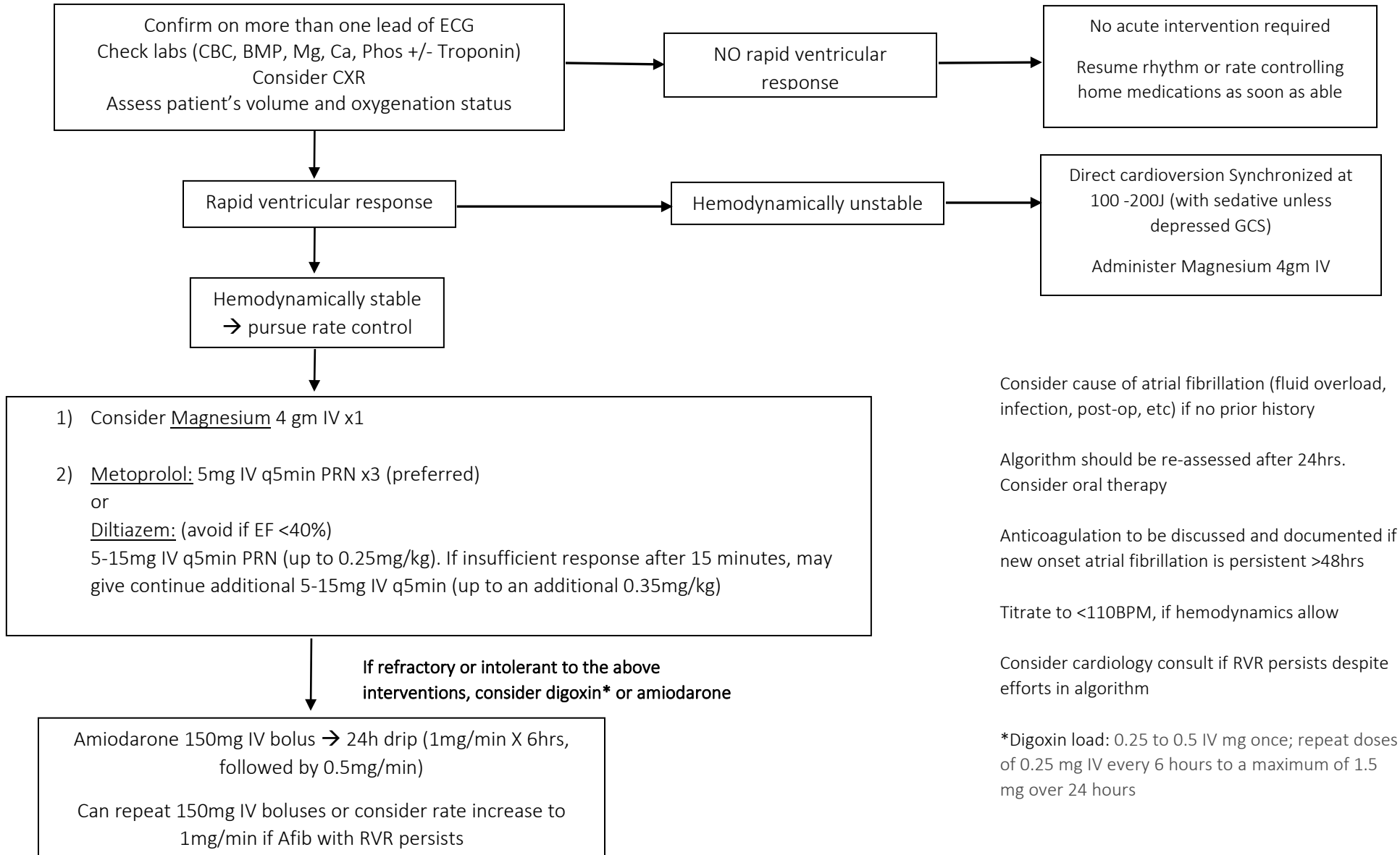


TICU Atrial Fibrillation Treatment Algorithm



Consider cause of atrial fibrillation (fluid overload, infection, post-op, etc) if no prior history

Algorithm should be re-assessed after 24hrs.
Consider oral therapy

Anticoagulation to be discussed and documented if new onset atrial fibrillation is persistent >48hrs

Titrate to <110BPM, if hemodynamics allow

Consider cardiology consult if RVR persists despite efforts in algorithm

*Digoxin load: 0.25 to 0.5 IV mg once; repeat doses of 0.25 mg IV every 6 hours to a maximum of 1.5 mg over 24 hours

References:

Joglar JA, Chung MK, Armbruster AL, et al; Peer Review Committee Members. 2023 ACC/AHA/ACCP/HRS Guideline for the Diagnosis and Management of Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2024 Jan 2;149(1):e1-e156.